Accident & Sickness


# Accident Plus

*Cash Payments Direct To You*

ARG BENEFITS

## Certificate of Coverage

CCPOA Benefit Trust Fund

Effective: January 1, 2025

# Benefit Trust Fund

# ACCIDENT & SICKNESS

# Accident Plus

## Certificate of Coverage

Vault Health Captive LLC-Series C
ACCIDENT PLUS

For CCPOA Members

Effective:
**October, 2020**

This Benefit Trust Fund program is governed by the BTF Welfare Benefit Plan 501. A copy of this plan may be downloaded from our website: ccpoabtf.org.

You can ask for a paper copy of the Trust's plans or programs at any time, even if you have agreed to receive the notice electronically. The Trust Administrator will provide you with a paper copy promptly.

**COVERAGE TYPE:**
Accident Complete Coverage

**PLAN ADMINISTRATOR**
Vault Administrative Service

Powered by ARG Benefits

Please contact ARG Benefits for
customer service or claims at:
**1-888-211-6157**

**claims@argbenefits.com**

ARG Benefits
#477
22431 Antonio Parkway, Suite B-160
Rancho Santa Margarita Ca 92688

**FRAUD NOTICE** – ***For your protection California law requires the following to appear on this form:*** Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

A complete list of the Trust Administration, Board Members and Legal Contacts can be found on our website: www.ccpoabtf.org

Contact the Trust Fund Office if you have any questions.

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# ACCIDENT ONLY COVERAGE

**Outline Of Coverage**
Read Your Certificate Carefully - This outline of coverage provides a very brief description of the important features of Your Certificate. This is not the insurance contract and only the actual certificate provisions will control. The Certificate itself sets forth in detail the rights and obligations of both You and Vault Health Captive LLC- Series.

## IT IS, THEREFORE, IMPORTANT THAT YOU READ YOUR CERTIFICATE CAREFULLY.

**Consideration**
This Certificate is issued in consideration of the statements in the application and the payment of the first payment. We agree to pay the benefits for a Covered Accident shown in the Schedule of Benefits while this Certificate is in force and subject to any conditions and limitations of this Certificate.

**Notice Of Thirty Day Right To Cancel This Certificate**
If You are not satisfied with this Certificate, You can return it to Us at the Certificate holder Service Address above within 30 days after You receive it. At that time, You should ask Us in writing to cancel it. This Certificate will be cancelled, and any payment received will be refunded.

**Renewability**
We guarantee that We will renew this Certificate for Your lifetime. It shall continue in force so long as the payment is received on or before the due date or within the Grace Period.

**Payment Adjustment**
We have the right to adjust the payment for this Certificate as determined necessary by Us. Written notice of an adjustment will be mailed to You at least 30 days in advance. A payment adjustment will take effect on a monthly anniversary following the date We sent the notice of adjustment. When a Dependent's coverage ends, any resulting change in payment will be made on the next monthly anniversary of the Effective Date.

**Schedule Of Benefits**
This coverage is designed to provide, to persons insured, benefits for certain losses resulting from a covered accident

ONLY, subject to any limitations contained in the certificate. Benefits are not provided for basic hospital, basic medical-surgical, or major-medical expenses.

## BENEFITS

Refer to the Schedule of Benefits for benefit amounts and Maximum Benefit Periods. If the amount shown for a benefit is zero, such benefit is not covered under this Certificate. All covered benefits are paid only once per Covered Person per Covered Accident unless otherwise noted. Capitalized terms are defined in the Definitions section of this Certificate.

**Abdominal And Thoracic Surgery Benefit**
We will pay this benefit if a Covered Person undergoes open abdominal or thoracic surgery within 72 hours after the Covered Accident to repair internal Injuries received as a result of a Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

**Accidental Death Benefit**
If an amount greater than zero is shown for this benefit in the Schedule of Benefits, we will pay this benefit if a Covered Person dies within 90 days of a Covered Accident as a result of Injuries received from that Covered Accident. We will not pay the Accidental Death Benefit and the Accidental Death Common Carrier Benefit for the same Covered Person.

Any Accidental Death Benefit that is payable due to Your death will be paid to the beneficiary named in Your application or later changed by You. Any Accidental Death Benefit that is payable due to the death of any other Covered Person is payable to You.

Death will be presumed if the Covered Person disappears and the disappearance:

1. Is caused by a Covered Accident that occurred while the Covered Person was a fare paying passenger on a Common Carrier that reasonably could have caused loss of life; and
2. Continues for a period of 365 days after the date of the Covered Accident, despite reasonable search efforts.

We will subtract from the Accidental Death Benefit any amount paid under the Loss of Finger, Toe, Hand, Foot or Sight Benefit, the Sports Package Benefit, or the Coma Injury Benefit as

a result of injury to the same Covered Person from the same Covered Accident.

**Accidental Death Common Carrier Benefit**
If an amount greater than zero is shown for this benefit in the Schedule of Benefits, We will pay this benefit if a Covered Person dies within 90 days of a Covered Accident as a result of Injuries received from that Covered Accident while a fare paying passenger on a Common Carrier. We will not pay the Accidental Death Benefit and the Accidental Death Common Carrier Benefit for the same Covered Person.

Any Accidental Death Common Carrier Benefit that is payable due to Your death will be paid to the beneficiary named in Your application or later changed by You. Any Accidental Death Common Carrier Benefit that is payable due to the death of any other Covered Person is payable to You.

Death will be presumed if the Covered Person disappears and the disappearance:

1. Is caused by a Covered Accident that occurred while the Covered Person was a fare paying passenger on a Common Carrier that reasonably could have caused loss of life; and
2. Continues for a period of 365 days after the date of the Covered Accident, despite reasonable search efforts.

We will subtract from the Accidental Death Common Carrier Benefit any amount paid under the Loss of Finger, Toe, Hand, Foot or Sight Benefit, the Sports Package Benefit, or the Coma Injury Benefit as a result of injury to the same Covered Person from the same Covered Accident.

**Accident Follow-Up Treatment Benefit**
We will pay this benefit for each Covered Person who receives follow-up treatment that is prescribed by a Physician. Follow-up treatment must:

1. Be due to Injuries sustained as the result of a Covered Accident;
2. Be within 90 days after the Covered Accident;
3. Occur after initial treatment by a Physician in a Physician's office, Urgent Care Facility, or Hospital;
4. Occur on an outpatient basis; and
5. Not be for routine examinations or preventive testing.

We will pay this benefit per visit per Covered Person per Covered Accident, up to the Maximum visits listed in the Schedule of Benefits. We will not pay both the Accident Follow-

Up Treatment Benefit and the Physical Therapy Benefit for the same visit.

**Air Ambulance Benefit**
We will pay this benefit if a licensed professional air ambulance company transports by air a Covered Person to or from a Hospital or between medical facilities where treatment for Injuries is received as the result of a Covered Accident. The air ambulance transportation must be within 48 hours after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

**Ambulance Benefit**
We will pay this benefit if a professional or volunteer ambulance company transports a Covered Person by ground transportation to or from a Hospital or between medical facilities where treatment for Injuries is received as the result of a Covered Accident. The ambulance transportation must be within 90 days after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

**Appliance Benefit**
We will pay this benefit if a Covered Person is Injured as the result of a Covered Accident and a Physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility as a result of Injuries sustained in the Covered Accident. Crutches and wheelchairs are examples of medical appliances. The use of an appliance must begin within 90 days after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

**Blood, Plasma, Platelets Benefit**
We will pay this benefit if a Covered Person is Injured as the result of a Covered Accident and requires the transfusion, administration, cross-matching, typing and processing of blood, blood plasma or platelets as the result of Injuries sustained in the Covered Accident. The blood, blood plasma and/or platelets must be administered within 90 days after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

**Burn Benefit**
We will pay this benefit if a Covered Person sustains burns as the result of a Covered Accident. The Covered Person must be treated by a Physician within 72 hours after the Covered Accident. If the Covered Person meets more than one of the burn classifications shown in the Schedule of Benefits, We will pay the higher amount. We will pay only one of the classification amounts per Covered Person per Covered Accident.

**Coma Injury Benefit**
We will pay this benefit if a Covered Person is diagnosed and treated by a Physician for a coma resulting from Injuries sustained in a Covered Accident. Such coma must have: 1) begun within 30 days after the Covered Accident; 2) lasted for a period of at least seven consecutive days; and 3) required intubation for respiratory assistance. We will pay this benefit only once per Covered Person per Covered Accident.

**Concussion Benefit**
We will pay this benefit if a Covered Person sustains a concussion as the result of a Covered Accident and is diagnosed by a Physician within 72 hours after the date of the Covered Accident using any type of medical imaging procedure such as an X-ray, CT (computerized tomography) scan, or MRI (magnetic resonance imaging).

We will pay this benefit only once per Covered Person per Covered Accident. We will pay this benefit only once per Covered Person in a twelve (12) month period.

**Dislocation Benefit**
We will pay this benefit if a Covered Person sustains a Dislocation as the result of Injuries sustained in a Covered Accident. A Dislocation must:

1. Be diagnosed as a Dislocation by a Physician within 90 days after the Covered Accident;
2. Require correction by a Physician; and
3. Be corrected by a Physician by open (surgical) or closed (non-surgical) reduction within 90 days after the date of diagnosis.

If a Covered Person sustains more than one Dislocation in a Covered Accident, and requires open or closed reduction, We will pay no more than two (2) times the amount shown in the Schedule of Benefits for the joint involved that has the highest benefit amount.

If a Covered Person sustains a Fracture and a Dislocation in the same Covered Accident, We will pay no more than two (2) times the amount shown in the Schedule of Benefits for the bone or joint involved that has the highest benefit amount.

If a Covered Person sustains a Fracture or a Dislocation and tears, ruptures or severs a tendon, ligament, rotator cuff in the same Covered Accident, We will pay only one benefit. We will pay the larger of either the Tendon, Ligament, Rotator Cuff Benefit, the Fracture Benefit, or the Dislocation Benefit.

We will pay this benefit only once per joint. Subsequent Dislocations of the same joint will not be covered.

**Emergency Dental Benefit**
We will pay this benefit for each Covered Person who requires a dental extraction and/or crown as the result of Injuries sustained in a Covered Accident.

The treatment must be within 60 days after the date of the Covered Accident and the services provided must not be for preventive testing or routine examinations. We will pay this benefit only once per Covered Person per Covered Accident, regardless of the number of teeth involved. If a Covered Person requires dental work including both extraction(s) and crown(s) for the same Covered Accident, We will pay only one benefit, which will be the larger of the extraction or crown benefit amounts shown in the Schedule of Benefits.

**Emergency Room Treatment Benefit**
We will pay this benefit if a Covered Person requires examination and treatment by a Physician in a Hospital Emergency Room as the result of Injuries sustained in a Covered Accident. The examination and treatment must occur within 72 hours after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident. Follow-up treatment prescribed by a Physician will be paid under the Accident Follow-Up Treatment Benefit.

**Eye Injury Benefit**
We will pay this benefit if a Covered Person sustains an eye Injury as the result of a Covered Accident. The eye Injury must require surgery or the removal of a foreign object by a Physician within 90 days after the Covered Accident. An examination with anesthesia is not considered surgery. We will pay this benefit only once per Covered Person per Covered Accident.

**Fracture Benefit**
We will pay this benefit if a Covered Person sustains a Fracture Injury as the result of a Covered Accident. The Fracture must:

1. Be diagnosed by a Physician within 90 days after the Covered Accident;
2. Require correction by a Physician; and
3. Be corrected by a Physician by open (surgical) or closed (non-surgical) reduction within 90 days after the date of diagnosis.

If a Covered Person sustains more than one Fracture in a Covered Accident, We will pay no more than two (2) times the

amount shown in the Schedule of Benefits for the bone involved that has the highest benefit amount.

If a Covered Person sustains a Fracture and a Dislocation in the same Covered Accident, We will pay no more than two (2) times the amount shown in the Schedule of Benefits for the bone or joint involved that has the highest benefit amount.

If a Covered Person sustains a Fracture or a Dislocation and tears, ruptures or severs a tendon, ligament, or rotator cuff in the same Covered Accident, We will pay only one benefit. We will pay the higher of the Tendon, Ligament, Rotator Cuff Benefit, the Fracture Benefit, or the Dislocation Benefit.

**Herniated Disc Benefit**
We will pay this benefit if a Covered Person sustains a herniated disc Injury in the spine as the result of a Covered Accident. The herniated disc must be treated by a Physician within 60 days after the Covered Accident and must be repaired through surgery by a Physician within 365 days after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

**Hospital Admission Benefit**
The Hospital Admission Benefit is payable for each Covered Person Confined to a Hospital as a result of Injuries received in a Covered Accident. The Covered Person must be Confined to a Hospital within six (6) months after the Covered Accident. We will not pay this benefit for:

1. Emergency Room treatment;
2. Outpatient treatment; or
3. A stay of less than 20 hours in an Observation Unit.

We will pay this. amount only once per Covered Person per Covered Accident. We will not pay the Hospital Admission Benefit and the Hospital Admission ICU Benefit for the same Covered Accident.

**Hospital Admission Icu Benefit**
The Hospital Admission ICU Benefit is payable for each Covered Person admitted directly to a Hospital Intensive Care Unit and Confined to a Hospital as a result of Injuries received in a Covered Accident. The Covered Person must be Confined to a Hospital Intensive Care Unit within 30 days after the Covered Accident. We will not pay this benefit for:

1. Emergency Room treatment;
2. Outpatient treatment; or
3. A stay of less than 20 hours in an Observation Unit

We will pay this amount only once per Covered Person per Covered Accident. We will not pay the Hospital Admission Benefit and the Hospital Admission ICU Benefit for the same Covered Accident.

**Hospital Confinement Benefit**
We will pay this benefit for each Covered Person Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit as a result of Injuries received in a Covered Accident, subject to the Maximum Benefit Period shown in the Schedule of Benefits. This benefit is payable only for Confinement in a Hospital or Hospital Sub-Acute Intensive Care Unit that begins within six (6) months after the date of the Covered Accident. We will pay benefits for only one Confinement at a time even if it is caused by more than one Covered Accident.

If a Covered Person is Confined in a Hospital or Hospital Sub-Acute Intensive Care Unit, and is Confined again within 90 days for Injuries received in the same Covered Accident or for a related condition, We will treat this Confinement for a continuation of the prior Confinement.
We will not pay this benefit for:

1. Emergency Room treatment;
2. Outpatient treatment;
3. Confinement of less than 20 hours in an Observation Unit; or
4. Confinement in a Rehabilitation Unit.

We will not pay the Hospital Confinement Benefit and the Hospital Confinement ICU Benefit for the same day of Confinement.

**Hospital Confinement Icu Benefit**
We will pay this benefit for each Covered Person Confined in a Hospital Intensive Care Unit as a result of Injuries received in a Covered Accident, subject to the Maximum Benefit Period shown in the Schedule of Benefits. Confinement in a Hospital Intensive Care Unit must begin within 30 days after the date of the Covered Accident.

If a Covered Person is Confined in a Hospital Intensive Care Unit, and is Confined in a Hospital Intensive Care Unit once again within 90 days for Injuries received in the same Covered Accident or for a related condition, We will treat this Confinement as a continuation of the prior Confinement.

If a Covered Person is Confined in a Hospital Intensive Care Unit beyond the Maximum Benefit Period, the Covered Person

will be eligible for the Hospital Confinement Benefit. The Hospital Confinement Benefit will begin the first day following the expiration of the Maximum Benefit Period for Hospital Confinement ICU Benefit.

If the unit to which a Covered Person is Confined does not meet the definition of Hospital Intensive Care Unit in this Certificate, We will pay the Hospital Confinement Benefit, if applicable.

We will not pay the Hospital Confinement Benefit and the Hospital Confinement ICU Benefit for the same day of Confinement.

**Initial Doctor's Office Visit Benefit**
We will pay this benefit if a Covered Person receives initial treatment and/or advice by a Physician in a Physician's office for Injuries sustained in a Covered Accident. The treatment must be within 60 days after the Covered Accident and the services provided must be the result of a Covered Accident and not for preventive testing or routine examinations. We will pay this benefit only once per Covered Person per Covered Accident.

Follow-up treatment prescribed by a Physician is paid under the Accident Follow-Up Treatment Benefit.

**Internal Organ Loss Benefit**
We will pay this benefit if, within 90 days after a Covered Accident, a Covered Person sustains the removal of at least 50% of a covered organ as a result of Injury sustained in the Covered Accident. Only the following are covered organs: bladder, esophagus, gall bladder, genitals, kidney, large intestine, liver, lungs, ovary, pancreas, small intestine, spleen, stomach, thyroid, and uterus. We will pay this benefit only once per Covered Person per Covered Accident.

**Knee Cartilage Torn Benefit**
We will pay this benefit if a Covered Person sustains torn knee cartilage (meniscus) Injury as the result of a Covered Accident. In order for this benefit to be payable, the torn knee cartilage must be treated by a Physician within 60 days after the Covered Accident; and

Repaired through surgery by a Physician within six (6) months after the Covered Accident, or

If exploratory arthroscopic surgery is performed within six (6) months after the Covered Accident and no repair is done, or if the cartilage is shaved (debridement), We will pay the applicable benefit amount listed in the Schedule of Benefits.

**Laceration Benefit**
We will pay this benefit if a Covered Person sustains a Laceration Injury as the result of a Covered Accident. The Laceration must be repaired by a Physician within 72 hours after the Covered Accident. The amount We will pay will be based on the total length of all Lacerations received in any one Covered Accident that require repair. If the Laceration is severe enough to require stitches but the Physician chooses to repair it in another way, We will pay it as a Laceration repaired with stitches.

**Lodging Benefit**
We will pay this benefit for the hotel/motel or similar paid lodging stay of one companion to accompany a Covered Person who is Confined in a Hospital as the result of Injuries sustained in a Covered Accident when the Hospital is located more than 100 miles from the Covered Person's residence.
We will pay this benefit for as long as:

1. The companion accompanies the Covered Person; and
2. The Covered Person remains Confined in such Hospital; but
3. Not beyond the Maximum Benefit Period.

**Loss Of Finger, Toe, Hand, Foot, Or Sight Benefit**
We will pay this benefit for a Covered Person for loss of a finger, toe, hand, or foot, or the sight of an eye as the result of Injuries sustained in a Covered Accident and which occurs within 90 days after the Covered Accident.

**Loss of finger** means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand.

**Loss of toe** means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot.

**Loss of hand** means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost.

**Loss of foot** means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost.

**Loss of sight** of an eye means best corrected vision of the eye is 20/200 or worse, or a visual field of 20 degrees or less. The degree of visual loss must be permanent with no realistic expectation of improvement.

If a Covered Person loses a finger or toe and within 90 days thereafter loses a hand or foot on the same side of the body as

the result of the same Covered Accident, We will pay for loss of hand or foot, less the amount We paid for the loss of a finger or toe.

If a Covered Person loses one finger or toe and within 90 days thereafter loses another finger or toe as a result of the same Covered Accident, We will pay the amount shown in the Schedule of Benefits for "loss of two or more fingers or two or more toes or any combination of two or more," less the amount We paid for the loss of the first finger or toe.

If a Covered Person loses one hand or one foot or the sight of one eye and within 90 days thereafter loses another hand or foot or sight of an eye, We will pay the amount shown in the Schedule of Benefits for "loss of both hands or both feet or sight of both eyes or any combination of two or more," less the amount We paid for the loss of the first hand or foot or sight of an eye.

If a Covered Person receives a Laceration on a finger, toe, hand, foot, or eye and later loses that finger, toe, hand, foot or eye as the result of the same Covered Accident, We will subtract the amount We paid under the Laceration Benefit from the Loss of Finger, Toe, Hand, Foot or Sight of an Eye Benefit.

**Major Diagnostic Exam Benefit**
We will pay this benefit if a Covered Person requires one of the following exams for Injuries sustained as the result of a Covered Accident:

1. CT or CAT (computerized tomography) scan;
2. DTI (diffusion tensor imaging) scan;
3. EEG (electroencephalogram);
4. Joint imaging scan;
5. MRA (magnetic resonance angiogram) scan;
6. MRI (magnetic resonance imaging);
7. PET (positron emission tomography) scan; or
8. SPECT (spectroscopy).These). These exams must be ordered by a Physician and performed in a medical facility within 180 days after the Covered Accident.

We will pay this benefit only once per Covered Person per Covered Accident and only once per twelve-month period.

**Physical Therapy Benefit**
We will pay this benefit for each Covered Person who requires physical therapy treatment as the result of Injuries sustained in a Covered Accident. Therapy must:

1. Begin within 60 days after the Covered Accident;
2. Be prescribed by a Physician;
3. Be rendered by a Physical Therapist;
4. Be performed on an inpatient or outpatient basis; and
5. Be completed within six (6) months after the date of first treatment.

We will pay this benefit per visit per Covered Person per Covered Accident, up to the Maximum visits listed in the Schedule of Benefits.

We will not pay both the Accident Follow-Up Treatment Benefit and the Physical Therapy Benefit for the same visit.

**Prosthetic Device Or Artificial Limb Benefit**
We will pay this benefit if a Covered Person requires a prosthetic device or artificial limb that is prescribed by a Physician due to the Loss of Hand, Foot, or Sight of an Eye as a result of Injuries sustained in a Covered Accident. The prosthetic device/ artificial limb must be received within one year after the date of the Covered Accident.

If a Covered Person receives one prosthetic device or artificial limb and later receives another prosthetic device or artificial limb as a result of Injuries sustained in the same Covered Accident, we will pay the amount shown in the Schedule of Benefits for "more than one prosthetic device or artificial limb," less the amount We paid for the receipt of the first prosthetic device or artificial limb.

We will not pay this benefit for hearing aids; dental aids, including false teeth; eyeglasses; contact lenses; cosmetic prosthesis such as hair wigs; or joint replacement such as an artificial hip or knee.

**Recovery Benefit**
We will pay this benefit if a Covered Person misses work immediately preceded by Confinement in a Hospital as a result of Injuries sustained in a Covered Accident. This benefit is payable for each day of missed work up to the Maximum Benefit Period shown in the Schedule of Benefits.

We will not pay the Recovery Benefit, the Hospital Confinement Benefit or Rehabilitation Unit Benefit for the same day. We will pay the largest of the three benefits for that day.

We will not pay both the Recovery Benefit and the Rehabilitation Unit Benefit for the same Covered Person. We will pay the largest of the two (2) for the same Covered Accident.

**Rehabilitation Admission Benefit**
We will pay this benefit for each Covered Person Confined in a Rehabilitation Unit immediately preceded by Confinement in a Hospital as a result of Injuries received in a Covered Accident. We will not pay this benefit for outpatient treatment or for a stay of less than 20 hours.

We will pay this benefit only once per Covered Person per Covered Accident. We will not pay the Rehabilitation Admission Benefit and the Recovery Benefit for the same Covered Person. We will pay the largest of the two (2) for that Covered Accident.

**Rehabilitation Unit Benefit**
We will pay this benefit if a Covered Person is Confined in a Rehabilitation Unit for physical, occupational or speech therapy for treatment of Injuries sustained in a Covered Accident. We will pay this benefit for each day of Confinement in a Rehabilitations Unit up to the Maximum Benefit Period shown in the Schedule of Benefits.

We will not pay this benefit unless the Rehabilitation Unit Confinement was immediately preceded by Confinement in a Hospital.

We will not pay the Rehabilitation Unit Benefit and the Hospital Confinement Benefit for the same day. We will pay the larger of the two (2) benefits for that day.

**Skin Graft Benefit**
We will pay this benefit for each Covered Person who receives a skin graft as a result of Injuries sustained in a Covered Accident and for which We paid a Burn Benefit. The skin graft must be received within one year after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.

**Sports Package Benefit**
We will pay this benefit if a Covered Person sustains Injuries as the result of a Covered Accident while participating in an Organized Sporting Activity. This benefit is not applicable to an Accidental Death Benefit, nor Common Carrier Death Benefit, nor Catastrophic Accident Benefit, if any.

**Tendon, Ligament, Rotator Cuff Benefit**
We will pay this benefit if a Covered Person sustains an Injury to a tendon, ligament, or rotator cuff as the result of a Covered Accident.
The tendon, ligament, or rotator cuff must be:

1. Torn, ruptured or severed; and
2. Repaired through surgery by a Physician within 60 days after the Covered Accident.

If a Covered Person sustains a Fracture or a Dislocation and tears, ruptures or severs a tendon, ligament, or rotator cuff in the same Covered Accident, we will pay only one benefit. We will pay the larger of either the Tendon, Ligament, Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

**Transportation Benefit**
We will pay this benefit per round trip if a Covered Person must travel more than 100 miles each way from the Covered Person's residence to receive specialized treatment and Confinement in a Hospital for Injuries received as the result of a Covered Accident. Treatment must be prescribed by a Physician and not be available within a 100-mile radius of the Covered Person's residence. This benefit is payable for the Maximum Trips listed in the Schedule of Benefits per Covered Accident. This benefit is not payable for transportation by ambulance or air ambulance.

**Urgent Care Benefit**
We will pay this benefit if a Covered Person receives initial treatment in an Urgent Care Facility for Injuries sustained in a Covered Accident. The treatment must be within 60 days after the Covered Accident and the services provided must be the result of a Covered Accident and not for preventive testing or routine examinations. We will pay this benefit only once per Covered Person per Covered Accident.

Follow-up treatment prescribed by a Physician is paid under the Accident Follow-Up Treatment Benefit.

**X-Ray Benefit**
We will pay this benefit if a Covered Person requires an X-ray within 30 days after a Covered Accident for Injuries sustained as the result of the Covered Accident. We will pay this benefit once per Covered Person per Covered Accident.

# DEFINITIONS

**Actively at Work** means You are working for pay on a permanent basis performing the normal duties of Your job.

**Chip or Avulsion Fracture** means a Fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

**Child Care Center** means a facility that is licensed as such by the state; provides non-medical care and supervision for children in a group setting; and is not operated by a Covered Person or an Immediate Family member.

**Common Carrier** means commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not Common Carriers.

**Confined or Confinement** means the assignment to a bed as a resident inpatient in a Hospital or Rehabilitation Unit on the advice of a Physician or confinement in an Observation Unit within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician.

**Covered Accident** means an unintended and unforeseen injurious occurrence causing Injury that:

1. Occurs after the Effective Date; and
2. Occurs while this Certificate is in force; and
3. Is not excluded by name or specific description in this Certificate

If the Coverage Type (shown in the Schedule of Benefits) is "Non-Occupational Injury", a Covered Accident does not include any Injury that occurs while a Covered Person is working for pay or profit.

**Covered Person** means a person listed in the Schedule of Benefits as covered under this Certificate, (except no person who is in active-duty status for the military service of any country may be covered under this Certificate).

**Dependent** means:

1. Your Eligible Dependent whose coverage is in force; and

2. Your Eligible Dependent child or grandchild for whom coverage is continued under the Continuation for Incapacitated Children provision of this Certificate.

**Disability, Disabled, Total Disability, Totally Disabled,** means You are:

1. Unable to perform the material and substantial duties of Your regular occupation at the time the Disability began; and
2. Not, in fact, working at any job for pay or benefits; and
3. Under the Regular Care of a Physician for the Injury causing such Total Disability.

**Dislocation** means the complete disruption of the normal relationship of the two bones which form a joint such that the dislocated bone is no longer in its normal position. For the purposes of this Certificate, Dislocation does not include subluxation.

**Effective Date** means the date coverage under this Certificate becomes effective. The Effective Date is shown on the Schedule of Benefits. This date will be used to determine Certificate years, months, and anniversaries.

**Eligible Domestic Partner/Partner in a Civil Union** means a registered domestic partner with the California Secretary of State or registered in another state, or a partner to a civil union.

**Eligible Dependent** means a person who is:

1. Your Spouse;
2. Your newborn child;
3. Your natural child, legally adopted child, child in the waiting period prior to finalization of adoption, or step-child; provided that such child is unmarried and under age 27; or
4. The insured's unmarried grandchild under age 27 who is a dependent for federal income tax purposes.

**Elimination Period** means the period of time after the date of a Covered Accident for which no benefits are payable. The Elimination Period is shown in the Schedule of Benefits for each benefit that has an Elimination Period.

**Emergency Room** means a specified area within or affiliated with a Hospital that is designed for the emergency care of accidental Injuries. It must:

1. Be staffed and equipped to handle trauma;
2. Be supervised and provide treatment by Physicians; and

3. Provide care seven days per week, 24 hours per day.

**Fracture** means a break in a bone that is confirmed by X-ray or CT scan.

**Hospital** is an institution in the United States or Canada which meets all of the following requirements:

1. Operates pursuant to state or provincial law for Hospitals located in the United States or Canada;
2. Operates primarily for the care and treatment of sick or injured persons as Inpatients;
3. Provides 24-hour nursing service;
4. Has facilities available for diagnosis and surgery either on its own premises or in facilities available to the Hospital on a pre-arranged basis; and
5. Has a staff of at least one licensed Physician available at all times.

Hospital does not include rest homes, nursing homes, convalescent homes, homes for the aged, and facilities primarily affording custodial, educational, or rehabilitation facilities, including rehabilitation hospitals.

**Hospital Intensive Care Unit** means a place that:

1. Is a specially designated area of the Hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
2. Is separate and apart from the surgical recovery room and from rooms, beds, and wards
3. Customarily used for patient Confinement;
4. Is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
5. Is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24-hour basis; and
6. Has a Physician assigned to the intensive care unit on a full-time basis.

A Hospital Intensive Care Unit is not a progressive care unit, an intermediate care unit, a private monitored room, Hospital Sub-Acute Intensive Care Unit, an Observation Unit or any facility not meeting the definition of a Hospital Intensive Care Unit as defined above.

**Hospital Sub-Acute Intensive Care Unit** means a place that:

1. Is a specifically designated area of the Hospital that provides a level of medical care below intensive care,

but above a regular private or semi-private room or ward;

2. Is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement;
3. Is permanently equipped with special life saving for the care of the critically ill or injured; and
4. Is under constant and continuous observation by a specially trained nursing staff.
5. A Hospital Sub-Acute Intensive Care Unit may be referred to as progressive care, intermediate care, or a step-down unit, but is not a regular private or semi-private room, or ward with or without monitoring equipment.

**Immediate Family** means:

1. You or Your Spouse; or
2. Any of Your, or Your Spouse's children, parents, grandparents, grandchildren, brothers, sisters, or their respective spouses.

**Incomplete Dislocation** means a Dislocation in which the joint is not completely separated.

**Injured, Injury, or Injuries** means bodily injury/damage to the body that resulted from a Covered Accident. They do not include sickness, disease or bodily infirmity. Overuse syndromes, typically due to repetitive or recurrent activities, such osteoarthritis, Carpal Tunnel Syndrome or tendonitis, are considered to be a sickness and not an Injury for purposes of this Certificate. See also the "Exclusions" provision of this Certificate.

**Insured** means the person named in the Schedule of Benefits.

**Laceration** means a cut.

**Loss** means an event for which a benefit may become payable under this Certificate.

**Loss Of Finger, Toe, Hand, Foot, Or Sight Of An Eye:**

1. Loss of finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand.
2. Loss of toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot.

3. Loss of hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost.
4. Loss of foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost.
5. Loss of sight of an eye means best corrected vision of the eye is 20/200 or worse, or a visual field of 20 degrees or less. The degree of visual loss must be permanent with no realistic expectation of improvement.

**Maximum Benefit Period** means the longest period of time for which a benefit will be paid. The durations are shown in the Schedule of Benefits and Schedule of Benefits for each benefit that has a Maximum Benefit Period.

**Non-Occupational Injury** means an Injury that did not occur while the Covered Person was working for pay or profit.

**Observation Unit** means a specified area within a Hospital, apart from the Emergency Room, where a patient can be monitored by a Physician following outpatient surgery or treatment in the Emergency Room that:

1. Is under the direct supervision of a Physician or registered nurse;
2. Is staffed by nurses assigned specifically to that unit; and
3. Provides care seven days per week, 24 hours per day.

**Organized Sporting Activity** means a competition or supervised organized practice for a competition. The competition must be governed by a set of written rules, be officiated by someone certified to act in that capacity, and overseen by a legal entity such as a public school system or sports conference. The legal entity must have a set of bylaws and competition must be on a regulation playing surface. Participation must be on an amateur basis.

**Physical Therapist** is a person, other than You or Your Immediate Family member, who:

1. Is licensed to practice physical therapy by the state in which the services are performed;
2. Performs services which are within the scope of his or her license;
3. Performs services for which benefits are provided by this Certificate; and
4. Practices according to the Code of Ethics of the American Physical Therapy Association.

**Physician** means a person performing tasks that are within the limits of his or her medical license and is:

1. Licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
2. A legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

A Physician cannot be the Insured or a member of Your Immediate Family, Your business or professional partner, or any person who has a financial affiliation or business interest with You.

**Regular Care of Physician** means the Insured personally visits a Physician as frequently as is medically required to effectively manage and treat the insured's disabling condition, and the Insured is receiving appropriate medical treatment and care of the insured's disability condition, which conform with generally accepted medical standards.

**Rehabilitation Unit** means a designated area or free-standing facility of a Hospital that provides physical, occupational or speech therapy on a short term short-term basis.

**Spouse** means the person to whom the Insured is legally married, or the insured's Eligible Domestic Partner/Partner in a Civil Union as defined under this Certificate.

**Urgent Care Facility** means a free-standing facility that is not part of a Hospital or Emergency Room, which provides care on an urgent basis and is duly licensed by the agency responsible for licensing such facilities.

**We, Our, Us or the Company** means Vault Health Captive LLC -Series C.

**You or Your** means the Insured named in the Schedule of Benefits.

# EXCLUSIONS

No benefits will be paid for services rendered by a member of the Immediate Family.

No benefits will be paid for an Injury that is caused by, contributed to, or occurs as a result of a Covered Person's:

1. Being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred);
2. Participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
3. Committing or attempting to commit suicide or intentionally injuring himself or herself;
4. Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident; or
5. War or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto.
6. No benefits will be paid for an Injury incurred while working for pay or profit if Your Coverage Type (shown in the Schedule of Benefits) is Non-Occupational.
7. No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

# ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION OF COVERAGE

**Eligibility For Coverage**

You are eligible for coverage under this Certificate it:

1. Your application is approved by Us; and
2. You are Actively at Work on the application date.

An Eligible Dependent is eligible for coverage on the later of:

1. The date You are eligible for insurance; or the date You acquire the Dependent.

An Eligible Dependent is deemed to be acquired as follows:

2. Spouse: On the date of the marriage or the date the Domestic Partnership/Civil Union is established;
3. Natural Child: On the date of birth;
4. Adopted Child: On the date the child is placed in Your custody pursuant to an interim or permanent court order of adoption;
5. Stepchild: On the date of Your marriage to the child's parent or the date Domestic Partnership/Civil Union is established; or
6. Grandchild: On the date the child is dependent on You or Your Spouse tor Federal Income Tax purposes.

**Addition Of Eligible Dependents**

1. Newborns: Coverage for a newborn is effective from the moment of birth provided that We receive written notice of the newborn within 45 days after birth, and You pay all required payments within 31 days after receiving a notice of amount due. If notification of a newborn is received more than 45 days after birth, coverage will be effective on the date written notification is received by Us, provided You pay all required payments within 31 days after receiving a notice of amount due;
2. Newly Adopted Children: Coverage for an adopted child is effective from the date of an interim or permanent court order of placement. For coverage to continue, We must receive written notice of the adoption within 45 days after the date of the interim or permanent court order; and You must pay all required payments within 31 days after receiving a notice of amount due. Failure to provide notice within the required time period will not end coverage if it is shown that the notice was furnished as soon as reasonably possible. If

notification of the interim or permanent court order of adoption is received more than 45 days after the date of the interim or permanent court order, coverage will be effective on the date written notification is received by Us, provided You pay all required payments within 31 days after receiving a notice of amount due; or

a. Other than a Newborn or Newly Adopted Child: You must complete and sign an application that includes Your Dependents. If approved by Us, the additional coverage will be effective on the monthly anniversary of the Effective Date following approval.

**Termination Of Coverage**

Your coverage will terminate at the earliest of:

1. After CCPOABTF receives written notice to cancel plans from participant, along with when the California State Controller processes and stops payment.
2. The date you enter into active duty status for the military service of any country; or date of your death.
3. The Dependent's coverage will terminate in the same way that the participant's above in item 1 and 2.
4. The Dependent's monthly anniversary of the effective date following the date a dependent ceases to be a Dependent as defined, age 26.

**Continuation For Incapacitated Children**

Dependent children insured hereunder who are incapable of self-sustaining employment due to mental illness, developmental disability, or mental retardation or physical handicap, and who became incapacitated prior to the age at which Dependent coverage would otherwise terminate and who are chiefly dependent on You for support and maintenance, may continue to be covered regardless of age.

You must claim incapacitated status within 31 days of such child attaining the age at which coverage for the Dependent would otherwise terminate. We will require proof of incapacity as often as necessary, but not more than once a year. We have the right to examine the Dependent but not more than once a year. Coverage for an incapacitated Dependent child will end on the earliest of:

1. The date the Dependent marries;
2. The date the Dependent obtains self-sustaining employment;
3. The date the Dependent ceases to be incapacitated;
4. The date the Dependent ceases to be chiefly dependent upon You for support and maintenance;

5. Sixty (60) days after a written request for proof of incapacity, if proof is not provided within such 60 days;
6. The date You or Your Dependent refuses to allow Us to examine the Dependent; or
7. The monthly anniversary of the Effective Date following the date We receive Your written request to terminate Dependent coverage for Your Dependent child(ren).

**Dependent Conversion**
If coverage of the Spouse listed in the Schedule of Benefits terminates due to Your death or divorce or annulment Your marriage, or termination of Your Domestic Partnership/Civil Union, the Spouse may purchase an individual certificate of accident insurance. The Spouse may elect to include coverage for Dependent children under the new certificate if coverage for Dependent children is terminated under this Certificate due to Your death or by Your request at the time of the divorce, annulment, or termination of the Domestic Partnership/Civil Union.

The Spouse must complete an application for conversion within 60 days after the death, divorce, annulment or termination of the Domestic Partnership/Civil Union and pay the payment for the continued coverage within 31 days after application is made. No evidence of insurability will be required.

The effective date of the new certificate will be the effective date of the termination of coverage under this Certificate. The benefits provided in the new certificate shall be substantially the same as the benefits provided under this Certificate. The payment for the new certificate will be that applicable to the attained age of the Spouse and the form and amount of insurance issued. The class of risk under the new certificate will be the same as the class of risk under this Certificate, or the most comparable class available.

## CLAIM PROVISIONS

**Notice Of Claim**
Written notice of claim must be given to Us within 20 days after the occurrence or commencement of any loss covered by the Certificate, or as soon thereafter as is reasonably possible. Notice must be received to ARG Benefits at the offices at #477 22431 Antonio Parkway Suite B, Rancho Santa Margarita, CA 92688.

The notice should include Your name, address, telephone number, and Certificate Number as shown in the Certificate Specifications.

**Claim Forms**
Upon notice of a written notice of claim, We will furnish to the Insured such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice the Insured shall be deemed to have complied with the requirements of this Certificate as to proof of loss upon submitting, within the time fixed in the Certificate for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Claim forms are available on **www.argbenefits.com** or by calling ARG Benefits at **1-888-211-6157**.

**Proof Of Loss**
Written proof of loss must be furnished to Us at its said office in case of claim for loss for which this Certificate provides any periodic payment contingent upon continuing loss within 90 days after the termination of the period for which We are liable and in case of claim for any other loss within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**Time Of Payment Of Claims**
Benefits payable under this Certificate for any loss other than loss for which this Certificate provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, benefits for loss for which this Certificate provides periodic payment will be paid to the Insured monthly and any balance remaining unpaid upon the termination of the period of liability will be paid immediately upon receipt of due written proof.

**Payment Of Claims**
Benefits for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such benefits shall be payable to the estate of the Insured. Any other accrued benefits unpaid at the insured's

death may, at Our option, be paid either to such beneficiary or to such estate. All other benefits will be payable to the Insured

If any benefits of this certificate shall be payable to the estate of the Insured, or to an Insured or beneficiary who is a minor or otherwise not competent to give a valid release, We may pay such benefits up to an amount not exceeding $1,000 to any relative by blood or connection by marriage of the Insured or beneficiary who is deemed by Us to be equitably entitled thereto. Any payment made by Us in good faith pursuant to this provision shall fully discharge Us to the extent of such payment.

**Nonpayment**
On payment of a claim under this Certificate, any payment then due and unpaid will be deducted from Your claim payment.

**Refund Of Payment At Death**
Upon the payment of a claim under this Certificate, any payment then due and unpaid or covered by any note or written order may be deducted therefrom.

## GENERAL PROVISIONS

**Entire Contract**
This Certificate, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this Certificate shall be valid until approved by an executive officer of our Company and unless such approval be endorsed hereon or attached hereto. No agent or broker has the authority to change this Certificate or to waive any of its provisions.

**Time Limit On Certain Defenses**
After two (2) years from the Effective Date of this Certificate, We cannot use misstatements, except fraudulent misstatements, in Your application to void coverage or deny a claim for loss incurred or Disability commencing after the expiration of such two (2) year period.

**Legal Actions**
No action at law or in equity shall be brought to recover on this Certificate prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Certificate. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

**Payment**
This Certificate is issued in consideration of the statements and information on Your application, and payment of the first payment. The first payment is due on the Effective Date. Subsequent payments are due and payable in advance. If You do not pay the payments when due, this Certificate will terminate subject to the Grace Period. The amount and frequency of payments are shown in the Schedule of Benefits.

All payments are payable to Us or as otherwise designated in writing by Us. Payments are payable while coverage continues. Payments may be paid annually, semi-annually, quarterly, monthly, or subject to Company rules. You may change the frequency of payments by filing a written request in a form satisfactory to the Company.

**Grace Period**
After You pay the first payment, if a payment is not paid on or before the date it is due, it may be paid during the next 31 days. These 31 days are called the Grace Period. Coverage shall remain in force during the Grace Period. If any payment is unpaid at the end of the Grace Period, coverage shall automatically terminate, and this Certificate will no longer be in force. This Grace Period does not apply if You request termination of this Certificate.

**Reinstatement**
If coverage ends for failure to pay payment, you may apply for reinstatement by submitting an application and the required payment. Such application must be submitted within 90 days from the date coverage ended. If We approve the application, this Certificate will be reinstated on the date of approval of such application. If We do not notify You that We have approved or disapproved the reinstatement application, this Certificate will be reinstated on the 45th day after We receive Your completed reinstatement application, and the required payment has been paid to Us.

The reinstated Certificate will cover only Losses that result from Injuries received in a Covered Accident that occurs after the date the Certificate is reinstated.

In all other respects, the rights of all parties will remain the same, subject to any provisions noted on or attached to the reinstated Certificate. The statements in Your application for the reinstated Certificate will be measured from the date of reinstatement with respect to the time periods stated in Time Limit on Certain Defenses provision.

**Misstatement Of Age**
If a Covered Person's age has not been stated correctly, an adjustment in payment, coverage, or both, will be made. The adjustment will correct the coverage to what the payment received would have bought at the Covered Person's true age. This change will be based on our rates in effect on the Effective Date.

**Beneficiary**
The Beneficiary for benefits payable upon Your death will be the Beneficiary named in the Certificate application, unless You have changed the Beneficiary designation. Unless specifically designated as irrevocable, You may change the Beneficiary designation by written notice. An irrevocable Beneficiary designation may only be changed with the consent of such irrevocable Beneficiary. Unless You specify otherwise, the Beneficiary change will take effect as of the date the written notice was signed by You, subject to any payment or other action taken by Us prior to receipt of such notice. The consent of any Beneficiary, other than an irrevocable Beneficiary, is not required to surrender or assign this Certificate, or to make any other changes in this Certificate.

If any Beneficiary dies before You, that Beneficiary's interest will pass to any other designated Beneficiaries according to their respective interests. If more than one Beneficiary is designated in a class, each Beneficiary who survives You will receive an equal portion of any benefits payable unless otherwise set forth in the Beneficiary designation.

**Physical Examination And Autopsy**
We, at our own expense, shall have the right and opportunity to examine the Covered Person when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

**Conformity With State Statutes**
Any provision of this Certificate which, on its Effective Date, is in conflict with the laws of the state in which You reside on that date is amended to conform to the minimum requirements of such laws.

## NOTICE

If there are any questions about this Certificate or if anyone seeks to replace this Certificate, please contact an ARG Benefits

agent or corporate office. All inquiries should be in writing, stating the Certificate Number.

**ACCIDENT ONLY COVERAGE**
This category of coverage is designed to provide, to persons insured, benefits for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the certificate. Benefits are not provided for basic hospital, basic medical-surgical, or major-medical expenses.

**BENEFITS**
The benefit amounts are shown in the Schedule of Benefits of the Certificate and are payable for a Covered Person for Injuries received as the result of a Covered Accident. There are no deductible or co-payment provisions. Benefits may include the following:

- Abdominal and Thoracic Surgery Benefit
- Accident Follow-Up Treatment Benefit
- Air Ambulance Benefit
- Ambulance Benefit
- Appliance Benefit
- Blood, Plasma, Platelets Benefit
- Burn Benefit
- Coma Injury Benefit
- Concussion Benefit
- Dislocation Benefit
- Emergency Dental Benefit
- Emergency Room Treatment Benefit
- Eye Injury Benefit
- Fracture Benefit
- Herniated Disc Benefit
- Hospital Admission Benefit
- Hospital Admission ICU Benefit
- Hospital Confinement Benefit
- Hospital Confinement ICU Benefit
- Initial Doctor's Office Visit Benefit
- Internal Organ Loss Benefit
- Knee Cartilage Torn Benefit
- Laceration Benefit
- Lodging Benefit
- Loss of a Finger, Toe, Hand, Foot, or Sight Benefit
- Major Diagnostic Exam Benefit
- Physical Therapy Benefit
- Prosthetic Device or Artificial Limb Benefit
- Recovery Benefit
- Rehabilitation Admission Benefit
- Rehabilitation Unit Benefit
- Skin Grafts Benefit

- Sports Package Benefit
- Tendon/Ligament/Rotator Cuff Benefit
- Transportation Benefit
- Urgent Care Benefit
- X-Ray Benefit

Your coverage may or may not include the following Benefits. Please read the Schedule of Your Certificate carefully for benefit amounts, if any. If the amount shown for the benefit is zero, such benefit is not covered:

- Accident First Occurrence
- Accidental Death Benefit
- Accidental Death Common Carrier Benefit
- Catastrophic Accident Benefit
- Treatment Benefit
- Family Care Benefit
- Outpatient Surgery Facility Service Benefit

**Exclusions:** No benefits will be paid for services rendered by a member of the Immediate Family.

No benefits will be paid for an Injury that is caused by, contributed to, or occurs as a result of a Covered Person's:

1. Being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred);
2. Participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
3. Committing or attempting to commit suicide or intentionally injuring himself or herself;
4. Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident; or
5. War or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto.

No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

**Renewability.** The Certificate is guaranteed renewable for life as long as Payments are paid on or before the due date, subject to the Grace Period. The insurance company can change the payment.

**THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CERTIFICATE.** If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

## APPEALS

**Right To File An Appeal Of A Denied Claim**
If you apply for and are denied Plan benefits, or believe you did not receive the full amount of benefits to which you are entitled, you have the right to appeal the matter to ARG Benefits. You must file your written appeal no later than 60 days following receipt of the adverse decision from ARG Benefits. The appeal will be conducted by ARG Benefits. No other appeals are permitted. ARG Benefits, and not the Board of Trustees of the CCPOA Benefit Trust Fund, has the sole and complete discretion for determining benefits and paying all benefits.

**Appeal Procedure.**

a) You will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim for benefits.

b) You may submit written comments, documents, records, and other information relating to your claim for benefits. ARG Benefits will review such comments, documents, records and other information regardless of whether such information was submitted or considered in the initial benefit determination.

**Decision On Appeal.**
Following its review, ARG Benefits will issue a written notice within a reasonable period of time, but not later than 60 days after receipt of its receipt of your request for review by the plan, unless it determines that special circumstances require an extension of time for processing the appeal. If ARG Benefits determines that an extension of time for processing is required, written notice of the extension shall be furnished to you prior to the termination of the initial 60-day period. In no event shall such extension exceed a period of 60 days from the end of the initial period. The extension notice shall indicate the special circumstances requiring an extension of time and the date by

which ARG Benefits expects to render the determination on review. In the case of an adverse benefit determination, the written denial will indicate the specific reasons for the adverse benefit determination and a specific reference to pertinent Plan provisions on which the denial is based. The written decision will also include:

A statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of all documents, records, and other information relevant to your claim for benefits.

A statement of your right to bring a civil action under ERISA § 502(a).

# SCHEDULE OF BENEFITS

## STANDARD PLAN

| STANDARD PLAN | Insured | Spouse | Child(ren) |
|---|---|---|---|
| **ABDOMINAL AND THORACIC SURGERY BENEFIT** | $1,500 | $1,500 | $1,500 |
| **ACCIDENT FIRST OCCURRENCE**<br>**Amount paid upon receipt of the first claim for a covered accident only one per certificate.** | $100 | $100 | $100 |
| **ACCIDENTAL DEATH BENEFIT** | $25,000 | $25,000 | $5,000 |
| **ACCIDENTAL DEATH**<br>**COMMON CARRIER BENEFIT** | $50,000 | $50,000 | $10,000 |
| **ACCIDENT**<br>**FOLLOW-UP TREATMENT BENEFIT** | | | |
| Per visit | $25 | $25 | $25 |
| Maximum visits | 3 | 3 | 3 |
| **AIR AMBULANCE BENEFIT** | $2,000 | $2,000 | $2,000 |
| **AMBULANCE BENEFIT** | $200 | $200 | $200 |
| **APPLIANCE BENEFIT** | $100 | $100 | $100 |
| **BLOOD, PLASMA, PLATELETS BENEFIT** | $300 | $300 | $300 |
| **BURN BENEFIT** | | | |
| Third-degree burns that cover 35 or more square inches of body surface | $10,000 | $10,000 | $10,000 |
| Third-degree burns that cover at least 9 square inches of body surface but less than 35 square inches of body surface | $2,000 | $2,000 | $2,000 |
| Second-degree burns that cover at least 36% of body surface | $1,000 | $1,000 | $1,000 |
| **CATASTROPHIC ACCIDENT BENEFIT** | | | |
| Catastrophic Accident Benefit prior to age 70 | $0 | $0 | $0 |
| Catastrophic Accident Benefit on or after age 70 | $0 | $0 | $0 |
| Elimination Period | 0 | 0 | 0 |
| **CHIROPRACTIC TREATMENT BENEFIT**<br>**(PART OF THE SPECIALTY BENEFIT PACKAGE)** | | | |
| Chiropractic Treatment Benefit | $0 | | |
| Maximum visits per accident | 3 | | |
| Maximum visits per calendar year | 6 | | |
| **COMA INJURY BENEFIT** | $10,000 | $10,000 | $10,000 |
| **CONCUSSION BENEFIT** | $100 | $100 | $100 |
| **DISLOCATION BENEFIT - OPEN REDUCTION WITH ANESTHESIA** | | | |
| Ankle or foot (other than toes) | $1,000 | $1,000 | $1,000 |
| Bone or bones of the hand (other than fingers) | $300 | $300 | $300 |
| Collarbone (acromioclavicular and separation) | $300 | $300 | $300 |

| STANDARD PLAN | Insured | Spouse | Child(ren) |
|---|---|---|---|
| Collarbone (sternoclavicular) | $300 | $300 | $300 |
| Elbow | $300 | $300 | $300 |
| Hip | $1,000 | $1,000 | $1,000 |
| Knee (except patella) | $1,000 | $1,000 | $1,000 |
| Lower jaw | $300 | $300 | $300 |
| One toe or finger | $50 | $50 | $50 |
| Shoulder (glenohumeral) | $300 | $300 | $300 |
| Wrist | $300 | $300 | $300 |
| **DISLOCATION BENEFIT - CLOSED REDUCTION WITH ANESTHESIA** | | | |
| Ankle or foot (other than toes) | $1,000 | $1,000 | $1,000 |
| Bone or bones of the hand (other than fingers) | $300 | $300 | $300 |
| Collarbone (acromioclavicular and separation) | $300 | $300 | $300 |
| Collarbone (sternoclavicular) | $300 | $300 | $300 |
| Elbow | $300 | $300 | $300 |
| Hip | $1,000 | $1,000 | $1,000 |
| Knee (except patella) | $1,000 | $1,000 | $1,000 |
| Lower jaw | $300 | $300 | $300 |
| One toe or finger | $50 | $50 | $50 |
| Shoulder (glenohumeral) | $300 | $300 | $300 |
| Wrist | $300 | $300 | $300 |
| *Benefit amount without anesthesia or for Incomplete Dislocation is 25% of applicable Closed Reduction Benefit.* | | | |
| **EMERGENCY DENTAL BENEFIT** | | | |
| Crown | $300 | $300 | $300 |
| Extraction | $75 | $75 | $75 |
| **EMERGENCY ROOM TREATMENT BENEFIT** | $100 | $100 | $100 |
| **EYE INJURY BENEFIT** | $250 | $250 | $250 |
| **FAMILY CARE BENEFIT (PART OF THE SPECIALTY BENEFIT PACKAGE)** | | | |
| Family Care Benefit | $0 | $0 | 0 |
| Maximum Days | 0 | 0 | 0 |
| FRACTURE BENEFIT - OPEN REDUCTION | | | |
| Ankle (medial or lateral malleolus) | $300 | $300 | $300 |
| Body of vertebrae | $1,000 | $1,000 | $1,000 |
| Bones of face (except mandible or maxilla) | $300 | $300 | $300 |
| Bones of nose | $300 | $300 | $300 |
| Coccyx | $300 | $300 | $300 |
| Finger, toe | $50 | $50 | $50 |
| Foot (except toes) | $300 | $300 | $300 |
| Forearm (radius and/or ulna) | $300 | $300 | $300 |
| Hand, Wrist (except fingers) | $1,000 | $1,000 | $1,000 |
| Hip | $300 | $300 | $300 |
| Kneecap (patella) | $300 | $300 | $300 |

| STANDARD PLAN | Insured | Spouse | Child(ren) |
|---|---|---|---|
| Leg (tibia and/or fibula) | $300 | $300 | $300 |
| Lower jaw, mandible (except alveolar process) | $300 | $300 | $300 |
| Pelvis (includes lium, ischium, pubis acetabulum except Coccyx) | $300 | $300 | $300 |
| Rib | $300 | $300 | $300 |
| Shoulder blade (scapula), collarbone (clavicle), sternum | $300 | $300 | $300 |
| Skull (except bones of face or nose) depressed skull fracture | $1,000 | $1,000 | $1,000 |
| Skull (except bones of face or nose) simple non-depressed skull fracture | $1,000 | $1,000 | $1,000 |
| Thigh (femur) | $1,000 | $1,000 | $1,000 |
| Upper arm between elbow and shoulder (humerus) | $300 | $300 | $300 |
| Upper jaw, maxilla (except alveolar process) | $300 | $300 | $300 |
| Vertebral processes | $300 | $300 | $300 |
| **FRACTURE BENEFIT - CLOSED REDUCTION** | | | |
| Ankle (medial or lateral malleolus) | $300 | $300 | $300 |
| Body of vertebrae | $1,000 | $1,000 | $1,000 |
| Bones of face (except mandible or maxilla) | $300 | $300 | $300 |
| Bones of nose | $300 | $300 | $300 |
| Coccyx | $300 | $300 | $300 |
| Finger, toe | $50 | $50 | $50 |
| Foot (except toes) | $300 | $300 | $300 |
| Forearm (radius and/or ulna) | $300 | $300 | $300 |
| Hand, Wrist (except fingers) | $1,000 | $1,000 | $1,000 |
| Hip | $300 | $300 | $300 |
| Kneecap (patella) | $300 | $300 | $300 |
| Leg (tibia and/or fibula) | $300 | $300 | $300 |
| Lower jaw, mandible (except alveolar process) | $300 | $300 | $300 |
| Pelvis (includes liumilium, ischium, pubis acetabulum except Coccyx) | $300 | $300 | $300 |
| Rib | $300 | $300 | $300 |
| Shoulder blade (scapula), collarbone (clavicle), sternum | $300 | $300 | $300 |
| Skull (except bones of face or nose) depressed skull fracture | $1,000 | $1,000 | $1,000 |
| Skull (except bones of face or nose) simple non-depressed skull fracture | $1,000 | $1,000 | $1,000 |
| Thigh (femur) | $1,000 | $1,000 | $1,000 |
| Upper arm between elbow and shoulder (humerus) | $300 | $300 | $300 |
| Upper jaw, maxilla (except alveolar process) | $300 | $300 | $300 |
| Vertebral processes | $300 | $300 | $300 |
| *Benefit amount for a Chip or Avulsion Fracture is 25% of the applicable Closed Reduction Benefit.* | | | |

| STANDARD PLAN | Insured | Spouse | Child(ren) |
|---|---|---|---|
| **HERNIATED DISC BENEFIT** | $500 | $500 | $500 |
| **HOSPITAL ADMISSION BENEFIT** | $1,000 | $1,000 | $1,000 |
| **HOSPITAL ADMISSION ICU BENEFIT** | $2,000 | $2,000 | $2,000 |
| **HOSPITAL CONFINEMENT BENEFIT** | | | |
| Per day | $150 | $150 | $150 |
| Maximum Benefit Period | 365 days | 365 days | 365 days |
| **HOSPITAL CONFINEMENT ICU BENEFIT** | | | |
| Per day | $300 | $300 | $300 |
| Maximum Benefit Period | 30 days | 30 days | 30 days |
| **INITIAL DOCTOR'S OFFICE VISIT** | $100 | $100 | $100 |
| **INTERNAL ORGAN LOSS BENEFIT** | $2,500 | $2,500 | $2,500 |
| **KNEE CARTILAGE TORN BENEFIT** | | | |
| Repaired with surgery | $500 | $500 | $500 |
| Exploratory arthroscopic surgery performed with no repair, or cartilage that is shaved (debridement) | $200 | $200 | $200 |
| **LACERATION BENEFIT - Total of all Lacerations are:** | | | |
| Over 15 centimeters long and repaired by stitches | $400 | $400 | $400 |
| Greater than 5 centimeters but not more than 15 centimeters and repaired by stitches | $200 | $200 | $200 |
| Not more than 5 centimeters and repaired by stitches | $200 | $200 | |
| Laceration not requiring stitches | $30 | $30 | $30 |
| LODGING BENEFIT | | | |
| Per night | $125 | $125 | $125 |
| Maximum Benefit Period | 30 nights | 30 nights | 30 nights |
| **LOSS OF FINGER, TOE, HAND, FOOT, OR SIGHT BENEFIT** | | | |
| Loss of both hands or both feet or sight of both eyes or any combination of two or more | $14,000 | $14,000 | $14,000 |
| Loss of one hand or one foot or sight of one eye | $7,000 | $7,000 | $7,000 |
| Loss of two or more fingers or two or more toes or any combination of two or more fingers or toes | $1,500 | $1,500 | $1,500 |
| Loss of one finger or one toe | $750 | $750 | $750 |
| **MAJOR DIAGNOSTIC EXAM BENEFIT** | $150 | $150 | $150 |
| **OUTPATIENT SURGERY FACILITY BENEFIT (PART OF THE SPECIALTY BENEFIT PACKAGE)** | $0 | $0 | $0 |
| **PHYSICAL THERAPY BENEFIT** | | | |
| Per visit | $25 | $25 | $25 |
| Maximum visits | 10 | 10 | 10 |
| **PROSTHETIC DEVICE OR ARTIFICIAL LIMB BENEFIT** | | | |
| More than one prosthetic device or artificial limb | $2,000 | $2,000 | $2,000 |

| STANDARD PLAN | Insured | Spouse | Child(ren) |
|---|---|---|---|
| One prosthetic device or artificial limb | $1,000 | $1,000 | $1,000 |
| REHABILITATION ADMISSION BENEFIT | $1,000 | $1,000 | |
| **RECOVERY BENEFIT** | | | |
| Per day | $100 | $100 | $100 |
| Maximum Benefit Period | 7 Days | 7 Days | 7 Days |
| **REHABILITATION UNIT BENEFIT** | | | |
| **Per day** | $90 | $90 | $90 |
| **Maximum Benefit Period** | 30 Days | 30 Days | 30 Days |
| **SKIN GRAFT BENEFIT**<br>**25% of applicable Burn Benefit Amount** | | | |
| **SPORTS PACKAGE BENEFIT**<br>**25% of amount paid for the Covered Accident, limited to $1,000 in any 12-month period regardless of the number of Covered Accidents** | | | |
| **TENDON, LIGAMENT, ROTATOR CUFF BENEFIT** | | | |
| Repair of more than one | $750 | $750 | $750 |
| Repair of one | $500 | $500 | $500 |
| Exploratory arthroscopic surgery without repair | $200 | $200 | $200 |
| **TRANSPORTATION BENEFIT** | | | |
| Per round trip | $500 | $500 | $500 |
| Maximum trips | 3 | 3 | 3 |
| **URGENT CARE BENEFIT** | $150 | $150 | $150 |
| **X-RAY BENEFIT** | $30 | $30 | $30 |

# MONTHLY PRICE SCHEDULE
# STANDARD PLAN

| MEMBER | MEMBER + SPOUSE | MEMBER + CHILDREN | MEMBER + FAMILY |
|---|---|---|---|
| $14.13 | $26.13 | $28.50 | $40.50 |

# SCHEDULE OF BENEFITS

## PREMIUM PLAN

| PREMIUM PLAN | Insured | Spouse | Child(ren) |
|---|---|---|---|
| **ABDOMINAL AND THORACIC SURGERY BENEFIT** | $1,500 | $1,500 | $1,500 |
| **ACCIDENT FIRST OCCURRENCE** | | | |
| Amount paid upon receipt of the first claim for a covered accident only one per certificate. | $100 | $100 | $100 |
| **ACCIDENTAL DEATH BENEFIT** | $50,000 | $50,000 | $10,000 |
| **ACCIDENTAL DEATH COMMON CARRIER BENEFIT** | $100,000 | $100,000 | $20,000 |
| **ACCIDENT FOLLOW-UP TREATMENT BENEFIT** | | | |
| Per visit | $50 | $50 | $50 |
| Maximum visits | 3 | 3 | 3 |
| **AIR AMBULANCE BENEFIT** | $2,000 | $2,000 | $2,000 |
| **AMBULANCE BENEFIT** | $200 | $200 | $200 |
| **APPLIANCE BENEFIT** | $100 | $100 | $100 |
| **BLOOD, PLASMA, PLATELETS BENEFIT** | $300 | $300 | $300 |
| **BURN BENEFIT** | | | |
| Third-degree burns that cover 35 or more square inches of body surface | $10,000 | $10,000 | $10,000 |
| Third-degree burns that cover at least 9 square inches of body surface but less than 35 square inches of body surface | $2,000 | $2,000 | $2,000 |
| Second-degree burns that cover at least 36% of body surface | $1,000 | $1,000 | $1,000 |
| **CATASTROPHIC ACCIDENT BENEFIT** | | | |
| Catastrophic Accident Benefit prior to age 70 | $0 | $0 | $0 |
| Catastrophic Accident Benefit on or after age 70 | $0 | $0 | $0 |
| Elimination Period | 0 | 0 | 0 |
| **CHIROPRACTIC TREATMENT BENEFIT (PART OF THE SPECIALTY BENEFIT PACKAGE)** | | | |
| Chiropractic Treatment Benefit | $0 | $0 | $0 |
| Maximum visits per accident | 3 | 3 | 3 |
| Maximum visits per calendar year | 6 | 6 | 6 |
| **COMA INJURY BENEFIT** | $10,000 | $10,000 | $10,000 |
| **CONCUSSION BENEFIT** | $100 | $100 | $100 |
| **DISLOCATION BENEFIT - OPEN REDUCTION WITH ANESTHESIA** | | | |
| Ankle or foot (other than toes) | $1,000 | $1,000 | $1,000 |
| Bone or bones of the hand (other than fingers) | $500 | $500 | $500 |
| Collarbone (acromioclavicular and separation) | $500 | $500 | $500 |
| Collarbone (sternoclavicular) | $500 | $500 | $500 |
| Elbow | $500 | $500 | $500 |
| Hip | $1,000 | $1,000 | $1,000 |

| | | | |
|---|---|---|---|
| Knee (except patella) | $1,000 | $1,000 | $1,000 |
| Lower jaw | $500 | $500 | $500 |
| One toe or finger | $200 | $200 | $200 |
| Shoulder (glenohumeral) | $500 | $500 | $500 |
| Wrist | $500 | $500 | $500 |
| **DISLOCATION BENEFIT - CLOSED REDUCTION WITH ANESTHESIA** | | | |
| Ankle or foot (other than toes) | $1,000 | $1,000 | $1,000 |
| Bone or bones of the hand (other than fingers) | $500 | $500 | $500 |
| Collarbone (acromioclavicular and separation) | $500 | $500 | $500 |
| Collarbone (sternoclavicular) | $500 | $500 | $500 |
| Elbow | $500 | $500 | $500 |
| Hip | $1,000 | $1,000 | $1,000 |
| Knee (except patella) | $1,000 | $1,000 | $1,000 |
| Lower jaw | $500 | $500 | $500 |
| One toe or finger | $200 | $200 | $200 |
| Shoulder (glenohumeral) | $500 | $500 | $500 |
| Wrist | $500 | $500 | $500 |
| *Benefit amount without anesthesia or for Incomplete Dislocation is 25% of applicable Closed Reduction Benefit.* | | | |
| **EMERGENCY DENTAL BENEFIT** | | | |
| Crown | $300 | $300 | $300 |
| Extraction | $75 | $75 | $75 |
| **EMERGENCY ROOM TREATMENT BENEFIT** | $150 | $150 | $150 |
| **EYE INJURY BENEFIT** | $250 | $250 | $250 |
| **FAMILY CARE BENEFIT (PART OF THE SPECIALTY BENEFIT PACKAGE)** | | | |
| Family Care Benefit | $0 | $0 | $0 |
| Maximum Days | 0 | 0 | 0 |
| **FRACTURE BENEFIT - OPEN REDUCTION** | | | |
| Ankle (medial or lateral malleolus) | $500 | $500 | $500 |
| Body of vertebrae | $1,000 | $1,000 | $1,000 |
| Bones of face (except mandible or maxilla) | $500 | $500 | $500 |
| Bones of nose | $500 | $500 | $500 |
| Coccyx | $500 | $500 | $500 |
| Finger, toe | $200 | $200 | $200 |
| Foot (except toes) | $500 | $500 | $500 |
| Forearm (radius and/or ulna) | $500 | $500 | $500 |
| Hand, Wrist (except fingers) | $500 | $500 | $500 |
| Hip | $1,000 | $1,000 | $1,000 |
| Kneecap (patella) | $500 | $500 | $500 |
| Leg (tibia and/or fibula) | $500 | $500 | $500 |
| Lower jaw, mandible (except alveolar process) · | $500 | $500 | $500 |
| Pelvis (includes ilium, ischium, pubis acetabulum except Coccyx) | $500 | $500 | $500 |
| Rib | $500 | $500 | $500 |

| | | | |
|---|---|---|---|
| Shoulder blade (scapula), collarbone (clavicle), sternum | $500 | $500 | $500 |
| Skull (except bones of face or nose) depressed skull fracture | $1,000 | $1,000 | $1,000 |
| Skull (except bones of face or nose) simple non-depressed skull fracture | $1,000 | $1,000 | $1,000 |
| Thigh (femur) | $1,000 | $1,000 | $1,000 |
| Upper arm between elbow and shoulder (humerus) | $500 | $500 | $500 |
| Upper jaw, maxilla (except alveolar process) | $500 | $500 | $500 |
| Vertebral processes | $500 | $500 | $500 |
| **FRACTURE BENEFIT - CLOSED REDUCTION** | | | |
| Ankle (medial or lateral malleolus) | $500 | $500 | $500 |
| Body of vertebrae (excluding mandible or maxilla) | $1,000 | $1,000 | $1,000 |
| Bones of face (except mandible or maxilla) | $500 | $500 | $500 |
| Bones of nose | $500 | $500 | $500 |
| Coccyx | $500 | $500 | $500 |
| Finger, toe | $200 | $200 | $200 |
| Foot (except toes) | $500 | $500 | $500 |
| Forearm (radius and/or ulna) | $500 | $500 | $500 |
| Hand, Wrist (except fingers) | $500 | $500 | $500 |
| Hip (femur) | $1,000 | $1,000 | $1,000 |
| Kneecap (patella) | $500 | $500 | $500 |
| Leg (tibia and/or fibula) | $500 | $500 | $500 |
| Lower jaw, mandible (except alveolar process) | $500 | $500 | $500 |
| Pelvis (includes ilium, ischium, pubis acetabulum except Coccyx) | $500 | $500 | $500 |
| Rib | $500 | $500 | $500 |
| Shoulder blade (scapula), collarbone (clavicle), sternum | $500 | $500 | $500 |
| Skull (except bones of face or nose) depressed skull fracture | $1,000 | $1,000 | $1,000 |
| Skull (except bones of face or nose) simple non-depressed skull fracture | $1,000 | $1,000 | $1,000 |
| Thigh (femur) | $1,000 | $1,000 | $1,000 |
| Upper arm between elbow and shoulder (humerus) | $500 | $500 | $500 |
| Upper jaw, maxilla (except alveolar process) | $500 | $500 | $500 |
| Vertebral processes | $500 | $500 | $500 |
| *Benefit amount for a Chip or Avulsion Fracture is 25% of the applicable Closed Reduction Benefit.* | | | |
| **HERNIATED DISC BENEFIT** | $500 | $500 | $500 |
| **HOSPITAL ADMISSION BENEFIT** | $1,500 | $1,500 | $1,500 |
| **HOSPITAL ADMISSION ICU BENEFIT** | $3,000 | $3,000 | $3,000 |
| **HOSPITAL CONFINEMENT BENEFIT** | | | |
| Per day | $250 | $250 | $250 |
| Maximum Benefit Period | 365 days | 365 days | 365 days |

| | | | |
|---|---|---|---|
| **HOSPITAL CONFINEMENT ICU BENEFIT** | | | |
| Per day, | $500 | $500 | $500 |
| Maximum Benefit Period | 30 days | 30 days | 30 days |
| **INITIAL DOCTOR'S OFFICE VISIT** | $100 | $100 | $100 |
| **INTERNAL ORGAN LOSS BENEFIT** | $2,500 | $2,500 | $2,500 |
| **KNEE CARTILAGE TORN BENEFIT** | | | |
| Repaired with surgery | $500 | $500 | $500 |
| Exploratory arthroscopic surgery performed with no repair, or cartilage that is shaved (debridement) | $200 | $200 | $200 |
| **LACERATION BENEFIT - Total of all Lacerations are:** | | | |
| Over 15 centimeters long and repaired by stitches | $400 | $400 | $400 |
| Greater than 5 centimeters but not more than 15 centimeters and repaired by stitches | $200 | $200 | $200 |
| Not more than 5 centimeters and repaired by stitches | $60 | $60 | $60 |
| Laceration not requiring stitches | $30 | $30 | $30 |
| **LODGING BENEFIT** | | | |
| Per night | $125 | $125 | $125 |
| Maximum Benefit Period | 30 nights | 30 nights | 30 nights |
| **LOSS OF FINGER, TOE, HAND, FOOT, OR SIGHT BENEFIT** | | | |
| Loss of both hands or both feet or sight of both eyes or any combination of two or more | $14,000 | $14,000 | $14,000 |
| Loss of one hand or one foot or sight of one eye | $7,000 | $7,000 | $7,000 |
| Loss of two or more fingers or two or more toes or any combination of two or more fingers or toes | $1,500 | $1,500 | $1,500 |
| Loss of one finger or one toe | $750 | $750 | $750 |
| **MAJOR DIAGNOSTIC EXAM BENEFIT** | $150 | $150 | $150 |
| **OUTPATIENT SURGERY FACILITY BENEFIT (PART OF THE SPECIALTY BENEFIT PACKAGE)** | $0 | $0 | $0 |
| **PHYSICAL THERAPY BENEFIT** | | | |
| Per visit | $50 | $50 | $50 |
| Maximum visits | 10 | 10 | 10 |
| **PROSTHETIC DEVICE OR ARTIFICIAL LIMB BENEFIT** | | | |
| More than one prosthetic device or artificial limb | $2,000 | $2,000 | $2,000 |
| One prosthetic device or artificial limb | $1,000 | $1,000 | $1,000 |
| **REHABILITATION ADMISSION BENEFIT** | $1,500 | $1,500 | $1,500 |
| **RECOVERY BENEFIT** | | | |
| Per day | $200 | $200 | $200 |
| Maximum Benefit Period | 7 Days | 7 Days | 7 Days |
| **REHABILITATION UNIT BENEFIT** | | | |
| Per day | $150 | $150 | $150 |
| Maximum Benefit Period | 30 Days | 30 Days | 30 Days |
| **SKIN GRAFT BENEFIT** 25% of applicable Burn Benefit Amount | | | |

| | | | |
|---|---|---|---|
| **SPORTS PACKAGE BENEFIT**<br>25% of amount paid for the Covered Accident, limited to $1,000 in any 12-month period regardless of the number of Covered Accidents | | | |
| **TENDON, LIGAMENT, ROTATOR CUFF BENEFIT** | | | |
| Repair of more than one | $750 | $750 | $750 |
| Repair of one | $500 | $500 | $500 |
| Exploratory arthroscopic surgery without repair | $200 | $200 | $200 |
| **TRANSPORTATION BENEFIT** | | | |
| Per round trip | $500 | $500 | $500 |
| Maximum trips | 3 | 3 | 3 |
| **URGENT CARE BENEFIT** | $150 | $150 | $150 |
| **X-RAY BENEFIT** | $30 | $30 | $30 |

# MONTHLY PRICE SCHEDULE
# PREMIUM PLAN

| Member | Member + Spouse | Member + Children | Member + Family |
|---|---|---|---|
| $21.50 | $39.74 | $41.85 | $60.09 |

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